For the meeting on Thursday, an item came up in last week’s cancer registry call which is a bit peculiar. We have two LOINC codes:

- 24611-6  Outpatient Consultation 2nd opinion
- 60570-9  Pathology Consult note

Both of these have notes that indicate they were changed at least once since their inception.

The issue is that the Part Note for 60570-9 states:
Part: Consultation note
Consultation note is generated by a physician or nonphysician practitioner’s (NPP) upon request for an opinion or advice from another physician or NPP. Consultations involve face-to-face time with the patient or telemedicine visits. A Consultation Note must be provided to the referring physician or NPP and include the reason for the referral, history of present illness, physical examination, and decision-making component (Assessment and Plan).

The issue is that for Pathology, Consults do NOT have face-to-face interactions with the Patient, they consist of a second pathologist receiving and examining slides. The registry folks in New York said they recommended to their labs to use the first code 24611-6 instead of 60570-9 specifically because some Path consults are NOT face-to-face, and they based their recommendation on this Part Note in LOINC. However they feel that they need to differentiate notes that are slide examinations only from notes that are in-person consultations.

The specific scenarios from New York are:

Scenario One:
Physician John Adams, with Hospital A, needs a 2nd opinion on a pathology slide, and he sends it to his colleague at Hospital B, Dr. Michael Johnson. The patient Jane Doe is not going to Hospital B for a consultation in person, for various reasons, she is staying at Hospital A, with Dr. John Adams. The New York State Cancer Registry receives HL7 messages daily from Hospital B, and would like to differentiate ‘consult only, 2nd opinion cases’ with a LOINC code from other inpatients and outpatients that Hospital B has. At the Hospital B’s LIS, pathology slides (such as the one from Hospital A), tend not to have proper ordering physician information. For example, the name: John Adams and his address are often missing from the HL7 message, but rather the name of Dr. Michael Johnson, and his address are included in the HL7 message that we get at the Registry. By having a LOINC code that properly defines ‘an outside 2nd opinion consult only, without patient’s physical face-to-face visit’, we will be able to pull those cases early and initiate quality assurance processes more timely and effectively.

Scenario Two:
Of course, there are ‘outside consults 2nd opinion’ cases, when the patient does go to another hospital for a consultation (in person) and brings his/her pathology report/slide from Hospital A to Hospital B. But that scenario is different from the one above. In this case, the patient will be assigned to a physician at Hospital B, and there will be more information on the treatment etc., and not just a ‘slide review’, as in the first scenario.

Ideally, we would need to have two different LOINC codes to differentiate between the two scenarios. But, we primarily need one LOINC code that captures Scenario One.

I think this is a problem using this part for 60570-9 because it is misleading and seems erroneous. Before I submit a request for a change (perhaps to the DOTF for a different kind of part here for this kind of note), I think perhaps we should discuss in the meeting if you think it is appropriate.

Thanks.